

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03822

FILED
Mar 28, 2009
Secretary of State

Entity Name: PINECASTLE CHAPTER #3696 OF AARP, INC.

Current Principal Place of Business:

AMERICAN LEGION HALL
529 FAIRLANE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

2505 WINDWARD CT
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 33-0043508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUCHE, JANICE
Address: 7416 BOISE
City-St-Zip: ORLANDO, FL 32809 US

Title: VP () Delete
Name: SHEETS, LOUISE
Address: 5427 HANSEL #N9
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: LOUGHE, RUBY
Address: 7410 BOISE
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: VARNER, PAULINE
Address: 2505 WINDWARD CT
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE VARNER

TD

03/28/2009

Electronic Signature of Signing Officer or Director

Date